



Staff Initial _____ Today's Date _____

Active 6 Membership Application

2019-2020

STUDENT INFORMATION: Please PRINT.

First Name: _____ Last Name: _____
School: CS Porter Middle School Date of Birth: _____ Gender: _____

Is your child eligible for Free/Reduced Lunch at school? Yes No Shirt

Size: Youth Small Youth Medium Youth Large

Adult Small Adult Medium Adult Large Adult XL Adult XXL

PARENT/GUARDIAN INFORMATION: Please PRINT.

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Home Telephone Number: _____ Cell/Work Telephone Number: _____

Email address: _____

(We do not distribute or sell email addresses. **We will use e-mails to update you on Active 6 schedules & events!**)

EMERGENCY CONTACT: Please list a family member or friend we may contact in case of an emergency.

Name: _____ Telephone Number(s): _____ Relationship to Member: _____

MEDICAL INFORMATION: Please complete EACH section; write N/A if the information does not apply to your child.

My child has the following medical/health issues/problems: _____

My child takes the following medications: _____

Please list any other medical/health information: _____

In the event of a medical emergency, may the YMCA employees perform basic First Aid? Yes No

May YMCA employees apply/provide sunscreen and bug spray when needed? Yes No

ACTIVITIES: Please read and complete the following section; write N/A if the information does not apply to your child:

Your child is invited to participate in a variety of structured activities as part of the Active 6 program. These activities include, but are not limited to, rock climbing, swimming, kickball, running (indoors and outdoors), walking, tag, Frisbee, basketball, baseball, volleyball, dance, aerobics, cycling, lacrosse, and more.

Please list any activities that you do **NOT** want your child to participate in: _____

WAIVERS: Please read and initial each waiver, then sign and date the bottom of this form.

_____ I fully acknowledge and understand that my child's participation is voluntary and that I am free to discontinue my child's participation at any time.

_____ I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent his/her participation (unless specifically listed in the above Medical Information section).

_____ I hereby acknowledge that during structured Active 6 activities, my child is in the care of the YMCA staff and volunteers.

_____ I acknowledge that if my child uses the YMCA facilities and/or programs outside of Active 6 times, he/she is under his/her own care. The Missoula Family YMCA is not responsible for providing child care for my child outside of Active 6 structured activities, including immediately before and immediately following Active 6 activities. Therefore, I authorize my child to be at the Missoula Family YMCA during times when there are not Active 6 activities.

_____ I am responsible for my child's transportation to and from the Missoula Family YMCA.

_____ I authorize the Missoula Family YMCA to transport my child to and from Active 6 Activities in YMCA busses.

_____ The Missoula Family YMCA provides many recreational activities to the public. Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise, including, but not limited to, heart attack, strains, sprains, broken bones, falls and contact with other participants. I, the undersigned, do understand that upon using the Missoula Family YMCA facilities and/or programs and/or services that I hereby assume all risks for the behavior, actions, and safety of my minor child while involved in the activities. Therefore, I assume full responsibility for personal injury to my minor child, for loss or damage to my personal property and expenses thereof as a result of my negligence or the negligence of my minor child participating in said activities. I have read and understand this agreement and release of liability, and do voluntarily agree to sign. I understand that to enter the Missoula Family YMCA on each visit, my child will need to bring his/her membership card. While on the premises of the Missoula Family YMCA facility or enrolled in any Missoula Family YMCA programs, myself and my child agree to act with Caring, Honesty, Respect and Responsibility.

_____ I hereby grant the Missoula Family YMCA, its legal representatives and assigns, those for whom the Missoula Family YMCA is acting with their authority and permission, the absolute right and permission to copyright and use, reuse, publish, and re-publish photographic portraits or pictures of my child or in which my child may be included, in whole or in part, or composite or distorted in character or form, without restriction as to changes or alterations, from time to time, in conjunction with my child's or a fictitious name or reproductions thereof in color or otherwise made through any media at their offices or elsewhere for art, advertising, trade or any other purposes whatsoever. I also consent to the use of any printed matter in conjunction therewith. I hereby release, discharge, and agree to save harmless the Missoula Family YMCA, its legal representatives or assigns, and all persons acting under their permission or authority or those for whom they are acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture or in any subsequent processing thereof, as well as any publication thereof even though it may subject me to ridicule, scandal, reproach, scorn and indignity. I state further that I have read the above authorization, release, and agreement prior to its execution and that I am fully familiar with the contents thereof.

_____ I grant permission for my child to participant in a survey evaluating Active 6, to help further improve the program.

I have read the above waivers, initialed each waiver to indicate my clear understanding and acceptance of each waiver.

Parent/Guardian's Signature: _____ Date: _____/_____/_____

OFFICE USE ONLY

Join Date: _____/_____/_____ Membership #: _____ Date
Entered in Daxko: _____/_____/_____

Climbing Waiver Complete Information packet/bag given to participant Shirt given to participant; shirt size _____ Staff

Initials: _____